PHARMACARE NEWSLETTER

In this issue:

Dispensing Fee Increase 1
Ostomy Supplies 1
Clarification on Claims for Compounded Preparations 2
Blood Glucose Test Strips 3
Benefits 3
Benefits 3
LCA updates 3
LCA Updates (cont) 4
New LCA Categories 5
Limited Coverage Drugs 6
Drugs under review 6

This newsletter provides information on the PharmaCare program for British Columbia's community pharmacists. Please circulate among dispensing staff.

PharmaCare on the Web:
www.healthservices.gov.bc.ca/pharme

Dispensing Fee Increase

The Dispensing Fee will increase April 1, 2003, to $8.50.

Ostomy Supplies

Effective April 1st, 2003 the following Ostomy PINS will no longer be valid for claims to PharmaCare.

PIN 999008 – Colostomy Supplies
PIN 999016 – Ileostomy Supplies
PIN 999024 – Urostomy Supplies

Please use the following PINS in their place:

Accessories	88123613
Colostomy Irrigation Sets	88123467
Faceplate for Reusable Pouch	88123625
Irrigation Cone/Tip/Faceplate/Sleeve	88123479
Non-Drug Medical Supplies/Ostomy – Non-Benefit	66123227
Ostomy Adhesive Spray	88123571
Ostomy Eligible Accessories	88123560
Ostomy Flanges/Convex Inserts	88123455
Ostomy Oral Deodorants	88123637
Ostomy Paste/Cement/Powder	88123558
Ostomy Pouch – Closed	88123420

Ostomy Supplies (cont)

Ostomy Pouch – Drainable	88123418
Ostomy Pouch – Reusable Style	88123595
Ostomy Skin Barriers	88123534
Ostomy Tincture of Benzoin	88123583
Skin Care Wipes Spray Solvent	88123546
Stoma Cap Colostocap AM Patch	88123443
Tape – Paper Type Only	88123522
Urostomy Legbag and Straps	88123510
Urostomy Night Drainage Set	88123480
Urostomy Pouch	88123431
Urostomy Tubing and Adaptor	88123492

Clarification on Claims for Compounded Preparations

Further to this item from the last newsletter 03-02 (February 4, 2003), at this time PharmaCare will be focussing on compounded preparations where a Special Authority (SA) has previously been approved for a commercially available dosage form.

As an example, lansoprazole in suspension would not be automatically eligible for coverage even though the lansoprazole capsules have been approved under a Special Authority request. Other treatment options may be feasible. If a physician and/or pharmacist still wishes to provide the alternative dosage form other than what has been approved and commercially available, the ingredient cost breakdown and details of the compounding fee should be provided to a PharmaCare pharmacist. If the cost is excessive, the request for coverage may be denied. If the compound is approved, an SA will be provided for a compound PIN specific for that patient. Regular PINS are not to be used for this purpose.

PharmaCare is reviewing the larger compound policy issue and will be striking a working group in the near future to discuss this in detail with the intent of developing a more defined/limited compounding policy. If you wish to participate in the working group, please contact suzanne.solven@gems2.gov.bc.ca and identify why you are interested. Please note that participation will be limited.

Since the previous newsletter, telephone requests regarding compounding have escalated. We wish to re-confirm that:
(a) Non-benefit items compounded together are still not a benefit, e.g. Over-the-Counter products, Special Access Program drugs.
(b) Compounded preparations to overcome a manufacturer's shortage are not necessarily benefits if other treatment options exist.
(c) oral drugs compounded for topical use will not be a benefit and SA coverage will not be considered unless identified otherwise with supporting medical literature, e.g. topical diltiazem, topical NSAIDS, topical estrogen, topical narcotics.

Blood Glucose Test Strips

The following new Blood Glucose Test Strips have been assigned PINS as indicated below for individuals on Plans A, C, E, and F who have a valid Blood Glucose Test Certificate:

DIN	MAN	DRUG NAME
44123030	UNK*	BD Latititude Blood Glucose Test Strips
44123031	MED	Precision Easy Blood Glucose Test Strips

*manufactured BD Consumer Healthcare

Benefits

The following new product has been included as a regular PharmaCare benefit, as of February 7, 2003 on Plans A, B, C, E and F. Previously available as a Limited Coverage Benefit.

DIN	MAN	DRUG NAME
2243297	Eli Lilly	Glucagon

Benefits

The following new products have been included as eligible Pharmacare benefits on Plans A, B, C, E and F:

DIN	MAN	DRUG NAME	Short Term	Long Term	Plan G Eligible	Palliative Care Eligible
2246691	APX	Apo-Hydroxyquine Tab 220mg	N	Y	N	N
2246581	PMS	Pms-Atenolol Tab 25mg	N	Y	Y	Y

LCA updates

The following new products under the Low Cost Alternative Program (LCA) / Reference Drug program (RDP) have been included as eligible PharmaCare benefits on Plans A,B,C,E & F:

DIN	MAN	DRUG NAME	FULL/ PARTIAL	LCA/RDP Price	Short Term	Long Term	Plan G Eligible	Eligible for Palliative Care
2245202	GPM	Gen-Nefazodone Tab 50mg	P	$0.5250	N	Y	Y	Y
2245203	GPM	Gen-Nefazodone Tab 100mg	P	$0.5736	N	Y	Y	Y
2245204	GPM	Gen-Nefazodone Tab 150mg	P	$0.5689	N	Y	Y	Y
2245205	GPM	Gen-Nefazodone Tab 200mg	P	$0.6714	N	Y	Y	Y
2244462	GPM	Gen-Warfarin Tab 1mg	P	$0.2088	N	Y	N	Y

LCA Updates (cont)

2244463	GPM	Gen-Warfarin Tab 2mg	P	$0.2178	N	Y	N	Y
2244464	GPM	Gen-Warfarin Tab 2.5mg	P	$0.1729	N	Y	N	Y
2244465	GPM	Gen-Warfarin Tab 4mg	P	$0.2687	N	Y	N	Y
2244466	GPM	Gen-Warfarin Tab 5mg	P	$0.1748	N	Y	N	Y
2244467	GPM	Gen-Warfarin Tab 10mg	P	$0.4603	N	Y	N	Y
2246542	NOP	Novo-Lovastatin Tab 20mg	P	$1.4095	N	Y	N	N
2246543	NOP	Novo-Lovastatin Tab 40mg	P	$2.6104	N	Y	N	N
2247008	NOP	Novo-Pravastatin Tab 10mg	P	$0.9871	N	Y	N	N
2247009	NOP	Novo-Pravastatin Tab 20mg	P	$1.1600	N	Y	N	N
2247010	NOP	Novo-Pravastatin Tab 40mg	P	$1.3894	N	Y	N	N
2244550	FAU	Pamidronate Disodium for Inj 3mg/ml *Limited use SA only	F		N	Y	N	Y
2244551	FAU	Pamidronate Disodium for Inj 6mg/ml *Limited use SA only	F		N	Y	N	Y
2244552	FAU	Pamidronate Disodium for Inj 9mg/ml *Limited use SA only	F		N	Y	N	Y
2230245	PMS	Pms-Amoxicillin Sus 125mg/5ml	P	$0.0207	Y	N	N	Y
2230246	PMS	Pms-Amoxicillin Sus 250mg/5ml	P	$0.0310	Y	N	N	Y
2230243	PMS	Pms-Amoxicillin Cap 250mg	P	$0.1062	Y	N	N	Y
2230244	PMS	Pms-Amoxicillin Cap 500mg	P	$0.2066	Y	N	N	Y
2246596	PMS	Pms-Norfloxacin Tab 400mg	P	$1.5774	Y	N	N	Y
2246821	RXP	Rhoxal-metformin FC Tab 850mg	P	$0.2166	N	Y	N	Y

New LCA Categories

Please be advised that the following drugs will be included as New LCA Categories on PharmaNet, effective Friday, April 18, 2003:

New Category (Chemical Name)	DIN	MAN	Brand Name	LCA Status: Full / Partial	LCA Price
Pamidronate Disodium Inj 3mg/ml	2244550	FAU	Pamidronate Disodium for Inj 3mg/ml	F	
Pamidronate Disodium 30mg Vial	2059762	NVR	Aredia 30mg Vial	P	$106.9790
Pamidronate Disodium Inj 9mg/ml	2244552	FAU	Pamidronate Disodium for Inj 9mg/ml	F	
Pamidronate Disodium 90mg Vial	2059789	NVR	Aredia 90mg Vial	P	$320.925
Simvastatin Tab 5mg	2247011	APX	Apo-Simvastatin Tab 5mg	F	
	2246582	GPM	Gen-Simvastatin Tab 5mg	F	
	884324	FRS	Zocor Tab 5mg	P	$0.6539
Simvastatin Tab10mg	2247012	APX	Apo-Simvastatin Tab 10mg	F	
	2246583	GPM	Gen-Simvastatin Tab 10mg	F	
	884332	FRS	Zocor Tab 10mg	P	$1.2932
Simvastatin Tab 20mg	2247013	APX	Apo-Simvastatin Tab 20mg	F	
	2246737	GPM	Gen-Simvastatin Tab 20mg	F	
	884340	FRS	Zocor Tab 20mg	P	$1.5984
Simvastatin Tab 40mg	2247014	APX	Apo-Simvastatin Tab 40mg	F	
	2246584	GPM	Gen-Simvastatin Tab 40mg	F	
	884359	FRS	Zocor Tab 40mg	P	$1.5984
Simvastatin Tab 80mg	2247015	APX	Apo-Simvastatin Tab 80mg	F	
	2246585	GPM	Gen-Simvastatin Tab 80mg	F	
	2240332	FRS	Zocor Tab 80mg	P	$1.5984
Trimebutine Maleate Tab 200mg	2245664	APX	Apo-Trimebutine Tab 200mg	F	
	803499	BFI	Modulon Tab 200mg	P	$0.5248

Limited Coverage Drugs

The following new products have been included as eligible PharmaCare benefits, under the Limited Coverage program on Plans A, B, C, E & F by special authority only (please refer to Website for criteria)

DIN	MAN	Brand Name	Short Term	Long Term
2246083	APX	Apo-Ipravent 0.03% Nasal Spral	N	Y
2246084	APX	Apo-Ipravent 0.06% Nasal Spray	N	Y
2244550	FAU	Pamidronate Disodium Inj 3 mg/ml	N	Y
2244551	FAU	Pamidronate Disodium Inj 6 mg/ml	N	Y
2244552	FAU	Pamidronate Disodium Inj 9 mg/ml	N	Y

Drugs under review

The following drug submissions are currently under review by the Drug Benefit Committee of PharmaCare.

anakinra (KINERET®)	mometasone furoate (AZMAX Twisthaler®) resubmission
ancestim (STEMGEN®)	olanzapine (ZYPREXA®) new strength
alfuzosin (XATRAL®)	peginterferon alfa-2b + ribavirin (PEGETRON®)
bimatoprost 0.03% ophth soln. (LUMIGAN®)	perindopril/indapamide (BIPREL®)
botulinium toxin (BOTOX®), new indication	repaglinide (GLUCONORM®), resubmission
clopidogrel (PLAVIX®) new indication	rivastigmine (EXELON®), resubmission
desmopressin tabs (DDAVP), resubmission	rosuvastatin (CRESTOR®)
desmopressin acetate injection (OCTOSTIM®)	tacrolimus ointment (PROTOPIC®)
donepezil (ARICEPT®), resubmission	17-b-estradiol (VAGIFEM®)
eprosartan (TEVETEN®), resubmission	tegaserod hydrogen maleate (ZELNORM®)
filgrastim (NEUPOGEN®), new indication	testosterone USP (ANDRODERM®)
fondaparinux sodium (ARIXTRA®)	tiotropium/verapamil hydrochloride SR (SPIRIVA®)
glimepiride (AMARYL®)	trandolopril (MAVIK®), resubmission
irbesartan (AVAPRO®) new indication	trandolapril/verapamil hydrochloride SR (TARKA®)
	valdecoxib (BEXTRA®)